MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51		1				
2		1						52		1				
3		1						53		1				
4		1						54		1				
5		1						55		1				
6		1						56	1	1				
7		1						57	1	1				
8		1						58		1				
9		1						59		1				
10		1						60		1				
11		1						61	1	1				
12		1						62		1				
13		1						63	1	1				
14								64		1				
15		9						65	1					
16	1							66	1					
17		1						67	1					
18								68		1				
19								69		1				
20		1						70		1				
21		1						71		1				
22	1							72		1				
23	1							73		1				
24		2						74		1				
25		2						75		1				
26		2						76		1				
27		2						77		1				
28		2						78		1				
29		2						79		1				
30		2						80		1				
31		2						81		1				
32		2						82	1					
33		2						83	1					
34		2						84	1					
35	1							85	1					
36	1							86		1				
37	1							87		1				
38		2						88						
39		2						89		1				
40	1							90		1				
41	1							91		1				
42	1							92		2				
43		1						93						
44		1						94						
45		1						95						
46		1						96						
47		1						97						
48		1						98						
49		1						99						
50		1						100						
TOTAL IND.		↓		↓		↓		**TOTAL IND.**	21	↓		↓		↓
TOTAL DEP.		←		←		←		**TOTAL DEP.**	93	←		←		←
TOTAL CLAIMS								**TOTAL CLAIMS**	114					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)